

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	63
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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17	✓	✓	
18	✓	✓	
19	✓	✓	
20	N	N	
21	✓	✓	
22	N	N	
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29	30	30	
31	✓	N	
32	✓	✓	
33	✓	✓	
34	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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